

Please describe briefly your hobbies and interests

Please describe briefly why you are interested in becoming a volunteer with FIRST

If you have had an alcohol or drug related problem yourself, how long is it since it was resolved?

Please detail below your availability as a volunteer

Mornings ☐
Afternoons ☐
Evenings ☐

How did you find out about FIRST?

Word of Mouth ☐
Newspaper ☐
Leaflet / Poster ☐
Other ☐

Please give names of two referees whom we can contact (**must NOT be a relative / spouse / partner**)

Name: _____

Position: _____

Address: _____

Postcode: _____

Telephone
Number: _____

Name: _____

Position: _____

Address: _____

Postcode: _____

Telephone
Number: _____

Declaration

To the best of my knowledge, the information provided on this form is correct.

Signed: _____ Date of Application: _____

Criminal Convictions – Declaration Form

| | | | |
|---------|--|---------------|--|
| Surname | | Other Name(s) | |
|---------|--|---------------|--|

You have been selected for an interview and under the terms of The Rehabilitation of Offenders Act 1974, you are required to disclose criminal convictions which are spent (past) and unspent (current). Please give details regarding these in **Section 1** below.

If you have **no** convictions, please go straight to **Section 2** and sign form accordingly.

Section 1 – Convictions (Past and Current)

- a) When did the offence(s) take place? What were you charged with? What sentence did you receive?

- b) What were your circumstances at that time? i.e. family, financial, etc.

- c) What have you learned from the experience?

- d) What is your personal situation and future expectations?

Section 2 – Declaration

I, _____ (name) declare that I have no convictions.

Section 3 – Certification

I certify that all the information contained in this form is true and correct to the best of my knowledge and realise that false information or omissions may lead to dismissal from FIRST.

Signature: _____ Date: _____

Note: The information given in this form will be treated in the strictest confidence. Please place this form, once completed, in the sealed envelope marked "Private & Confidential" and return it along with application form / equal opportunities form in the addressed envelope provided (stamp required).

Should you be unsuccessful in your application – this form will be returned to you in its original envelope intact.

APPLICATION FOR VOLUNTEERING

EQUAL OPPORTUNITIES MONITORING FORM

In order to check the effectiveness of our equal opportunities policy we monitor a range of areas where people may experience discrimination. We would be pleased if you would complete the form below. The information you give will not be available to people involved in the selection process and will be used for monitoring purposes only. All information will be treated in strict confidence and names will not be shown in any statistics produced.

Please complete all sections either typed or in **black** ink and return with your application form. Insert **X** in question boxes that do not require a written answer.

| | | |
|----------|------|--|
| 1 | Name | |
|----------|------|--|

| | | | | | | | | | |
|--------------|---|--|----|--|---------|--|----------|--|-----------------|
| 2 | Details of the job you are applying for | | | | | | | | |
| Job Title | Volunteer | | | | | | | | |
| Availability | am | | pm | | evening | | weekends | | Unavailable on: |

| | | | | | |
|----------|----------------------|------|--|--------|--|
| 3 | What is your Gender? | Male | | Female | |
|----------|----------------------|------|--|--------|--|

| | | | | | | |
|---|---|---|-----|-------|------|--|
| 4 | Do you have regular caring responsibilities for dependants? | | Yes | | No | |
| Children | | Other Dependants eg elderly or seriously ill adults | | | Both | |
| Where you are caring for children please say how many are in each age category. | | | | | | |
| under 5 | | 5-16 | | 17-18 | | |

| | | | | |
|---|---|--|----|--|
| 5 | <i>This information will help us to monitor marital status and lone parent status</i> | | | |
| Please answer both (a) and (b) | | | | |
| (a) Are you married? | Yes | | No | |
| (b) Are you currently living with a partner or spouse | Yes | | No | |

| | | |
|----------|-----------------------------|-------------------|
| 6 | What is your Date of Birth: | What is your age? |
|----------|-----------------------------|-------------------|

| | | | | |
|----------|---|-----|--|----|
| 7 | <i>The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.</i> | | | |
| | Do you consider that you have a disability? | Yes | | No |
| | If you answered yes, please state the nature of your disability: | | | |
| | | | | |

PLEASE CONTINUE OVERLEAF

| | |
|--|--|
| <p>8 <i>Ethnic origin is about colour and broad ethnic and cultural group. Different groups may face different experiences of discrimination. The categories closely match those used in the 2001 census for Scotland.</i></p> <p>Ethnic Categories. (Choose one section from A - F then tick the appropriate box to indicate your cultural background).</p> | |
| <p>A. White</p> | |
| <p>Scottish</p> | <p>Caribbean</p> |
| <p>English</p> | <p>African</p> |
| <p>Irish</p> | |
| <p>Welsh</p> | |
| <p>Any other White background please write in:</p> | <p>Any other Black background please write in:</p> |
| <p>C. Asian - Asian Scottish, Asian English, Asian Welsh, or other Asian British</p> | |
| <p>Indian</p> | <p>Chinese</p> |
| <p>Pakistani</p> | |
| <p>Bangladeshi</p> | |
| <p>Any other Asian background please write in:</p> | <p>Any other Chinese background please write in:</p> |
| <p>E. Mixed Race</p> | |
| <p>Please write in:</p> | <p>F. Other ethnic background</p> |
| | <p>Gypsy Traveller</p> |
| | <p>Any other background please write in:</p> |

| | | | |
|----------|---|--|--|
| 9 | Please say how you heard about this post. | | |
| | Advertisement (say where) | | |
| | Internet Site (say which) | | |
| | Leaflets | | |
| | Volunteer Centre | | |
| | Other (give details) | | |
| | Someone you know | | |

Signed

Date

Thank you for helping us to implement our policy of promoting equality of opportunity and eliminating discrimination